

# ADVANCED CHIROPRACTIC SPECIALISTS

## NOTICE OF PRIVACY PRACTICES

**“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”**

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

### **1. Our Pledge Regarding Medical Information**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **2. Our Legal Duty**

We are required by law to abide by the terms of this Notice of Privacy Practices. We are required by law to keep your medical information private and to provide you with a notice of our legal duties and our privacy practices. We may change the terms of our notice, at any time. The new notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. The Notice is available by calling our office and requesting that a revised copy be sent to you in the mail, or by asking for a copy at the time of your next visit.

### **3. Use and Disclosure of Your Medical Information**

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

- ◆ **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other healthcare personnel who are involved in taking care of you. *Example: A doctor treating you may request a copy of your medical record. Your medical information may be provided from time to time to another doctor or healthcare provider who, at the request of your doctor, becomes involved in your care. This is done to ensure that the doctor has the necessary information to diagnose or treat you. Also information about you may be necessary in performing diagnostic testing such as MRI, CT scans, x-rays, etc.*
- ◆ **For Payment:** We may use and disclose your medical information for payment purposes. *Example: We may need to give your health insurance plan information about treatment you received at our office so that your health plan will pay us or repay you for any treatment that you paid for. We may also tell your health plan about treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.*
- ◆ **For Health Care Operations:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.
- ◆ **For Appointments:** We may call you by name in the waiting room when we are ready to see you. We may use or disclose your medical information, as necessary, to remind you of your appointment. *Example: Voicemail messages, postcards, or letters may be used to remind you of an appointment.*
- ◆ **For Billing and Transcription Services:** We may share your medical information with business associates that perform various activities (for example, billing or transcription services) for us.
- ◆ **For Health-Related Benefits and Services:** We may also use and disclose your medical information, as necessary, to provide you with information about health-related benefits and services that may be of interest to you.

- ◆ **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ◆ **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- ◆ **For Marketing:** We may provide you with general marketing information about our services or give you small promotional gifts when we see you in person without your written authorization. *Example: We may send you a newsletter or a list of our health classes or we may give you a shirt with our office's name on it. We may send you marketing information about specific products or services that we provide or special events we may be having. You may contact our office to request that these materials not be sent to you.*
- ◆ **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **Other Permitted and Required Uses and Discloses of Medical Information That May be Made Without Your Authorization or Opportunity to Object.**

- ◆ **Military Activity and National Security:** When appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for purpose of determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- ◆ **Workers' Compensation:** Your medical information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- ◆ **Public Health Risks:** We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We may also disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ◆ **Legal Proceedings, Lawsuits and Disputes:** We may disclose your medical information in response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process to the extent such disclosure is expressly authorized.
- ◆ **Health Oversight Activities:** We may disclose medical information to an agency providing health oversight or oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
- ◆ **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

## **4. Your Individual Rights**

You have the following rights regarding your medical information:

- ◆ **Right to Inspect and Copy:** You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually this includes medical and billing records. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and medical information that is subject to law that prohibits access to medical information.

- To inspect and copy medical information that may be used to make decisions about your care, you must submit your request in writing to Advanced Chiropractic Specialists Medical Records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
  - We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- ◆ **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Advanced Chiropractic Specialists.
- To request an amendment, your request must be made in writing and submitted to Advanced Chiropractic Specialists medical records. In addition, you must provide a reason that supports your request.
  - We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. We may deny your request if we did not create the information you want changed or for certain other reasons.
- ◆ **Right to an Accounting of Certain Disclosures:** You have the right to request an “accounting of disclosures”. An accounting of disclosures is a listing of the disclosures we have made of your medical information, except as it was used for treatment, payment, or health care operations. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have a right to receive medical information regarding these disclosures that occurred after April 14, 2003.
- To request this list or accounting disclosures, you must submit your request in writing to the Privacy Officer identified at the end of this Notice of Privacy Practices.
- ◆ **Right to Request Restrictions:** You have the right to request that we place additional restriction on our use or disclosure of your health information. We are not required to agree to these additional restriction, but if we do, we will abide by our agreement.
- ◆ **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location or alternative address. *For example, you can ask that we only contact you by mail at a different address. We will accommodate reasonable requests.* You must provide a satisfactory explanation how payments will be handled under the alternative means or location you request.

## **Questions and Complaints**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Advanced Chiropractic Specialists**  
**Dr. Brian Fife**  
 4116 West Craig Road, Suite 100  
 N. Las Vegas, NV 89032  
 Phone: 702-655-1199

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

## **Acknowledgement Form**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_